Preventing Chronic Diseases: Investing Wisely in Health

Promoting Nutrition and Physical Activity to Prevent Obesity in Montana.

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The Burden of Obesity and Physical Inactivity

Among Adults:

- In 2001, 170,212 adult Montanans were obese.
- Obesity rates increased from 9% in 1990 to 19% in 2001 (Figure 1).
- Montana Indian communities are 1.5 times more likely to be obese than the general US population (34% in 1999 and 36% in 2001).¹
- Adult Montanans have become less active over the past decade.
- Physical inactivity among Montana adults increased from 18% in 1990 to 22% in 2001 (Figure 2).

Figure 1. Prevalence of obesity (body mass index ≥30.0 kg/m²) among adults in Montana, Montana American Indians and in the United States, 1990 to 2001.¹

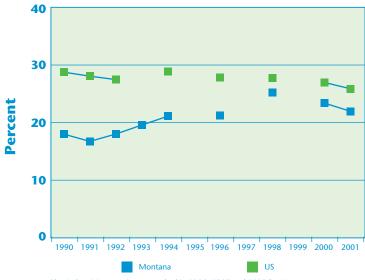


Among Montana High School Youth: 2,3

- In 2001, 17% of Montana high school youth (9th through 12th grades) were overweight or at risk of becoming overweight.
- In 2003, 44% of Montana high school youth did not participate in physical education classes.
- 51% of Montana high school youth watched two or more hours of television a day in 2003.

 Participation in vigorous physical activity among Montana adolescents (9th through 12th grades) decreased from 68% in 1993 to 62% in 2003 (Figure 3).

Figure 2. Prevalence of physical inactivity among adults in Montana and in the United States, 1990 to 2001.¹



Physical activity questions not asked in 1995, 1997 and 1999 for Montana. Physical activity questions not asked in 1993, 1995, 1997 and 1999 for US.

Figure 3. Percent of Montana high school youth (9th - 12th grades) participating in sufficient vigorous physical activity. 1993 – 2003.⁴⁻⁷



*Activities that caused sweating or hard breathing for at least 20 min. on \geq 3 of the 7 days preceding the survey. 2003 physical activity question not available for US.

Public Health in Action

The Chronic Disease Prevention and Health Promotion Section at the Montana Department of Public Health and Human Services is working to reduce overweight and obesity among Montanans. The overarching strategies are:

- Promote healthy eating that follows national dietary guidance policies.
- Maintain recommended levels of moderate and vigorous physical activity from childhood through adolescence into adulthood.
- Eliminate disparities in diet, physical activity, and overweight among disadvantaged population groups.
- Increase access to healthy foods and to opportunities to be active for every age and population group.
- Promote healthy weight among adults and children.

The Chronic Disease Prevention and Health Promotion Section has piloted the Coordinated Approach to Child Health (CATCH) curriculum in seven Montana elementary school classrooms, two of those in Indian communities. CATCH promotes healthy behaviors by encouraging moderate to vigorous physical activity, healthful eating habits such as a low-fat and low-sodium diet, and not smoking.

Under the guidance of the Chronic Disease Section, nine Montana communities have formed coalitions that act as change agents in promoting a healthy weight. These coalitions identify community-specific needs related to improving nutrition and increasing levels of physical activity. One coalition on a Montana Indian Reservation worked with the school food service to improve fresh fruit and vegetable offerings, resulting in the addition of a vegetable bar to the hot lunch line. Another coalition worked with the community and the school board to address the health issue of over-consumption of soft drinks. The school board now limits soft drink consumption with its policy that only water can be consumed in the classroom, and soft drinks are restricted to certain hours of the day.





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